

APPLICATION FOR RENEWAL OF CERTIFICATE

A certificate may be renewed within six months of its expiration date.

ARIZONA DEPARTMENT OF EDUCATION-CERTIFICATION UNIT

Phoenix Office: P.O. Box 6490, Phoenix, AZ 85005-6490 Telephone: (602) 542-4367
Flagstaff Office: 2384 N. Steves Blvd., Box-C, Flagstaff, AZ 86004 Telephone: (928) 679-8117
Tucson Office: 400 W. Congress St., #118, Tucson, AZ 85701 Telephone: (520) 628-6326

FOR USE IN RENEWING THE FOLLOWING: BASIC, STANDARD AND TEMPORARY TEACHING CERTIFICATES; ADULT EDUCATION; ADMINISTRATIVE; GUIDANCE COUNSELOR; SCHOOL PSYCHOLOGIST; AND ATHLETIC COACHING.

GENERAL INSTRUCTIONS AND INFORMATION: Please submit the following:

- A valid Arizona Fingerprint Clearance Card (plastic) issued by the Arizona Department of Public Safety at (602) 223-2279.
- Complete this application and submit \$20 per certificate renewal, payable by money order, cashiers check or personal check **ONLY** to the Arizona Department of Education (ADE). Fees are not refundable. **Cash will not be accepted.**
- District verification of professional development training (District Superintendent or Personnel Director's signature is required on page 2), OR
- An official transcript(s) of academic course work completed during the valid period of the certificate to be renewed (if applicable) from an accredited institution. Photocopies will not be accepted.

PERSONAL INFORMATION (TYPE OR PRINT IN BLUE OR BLACK INK)

Social Security Number: _____ **Date of Birth:** ____/____/____ **Gender:** M / F
(For identification purposes only)

Full Legal Name: _____
Last First Middle

Mailing Address: _____
Street Number or P.O. Box City State Zip

Telephone: (____) _____ **Email Address:** _____
(Home) (Home)

Ethnicity: ____Asian or Pacific Islander ____Black or African-American (Not-Hispanic) ____Hispanic or Latino
____White (Not-Hispanic) ____American Indian or Alaskan Native ____Other
(Gender and Ethnicity are requested for federal reporting purposes only)

CRIMINAL HISTORY - ANSWER EVERY QUESTION, SIGN AND DATE

ATTN: If "YES" is indicated for any of the following questions, please attach a full explanation to this application, a statement must be provided with each application.

- Have you ever had any professional certificate or license, revoked or suspended?.....YES___ NO___
- Have you ever received a reprimand or other disciplinary action involving any professional certification or license?...YES___ NO___
- Have you ever been convicted of any felony offense?.....YES___ NO___
- Have you ever been arrested for any offense for which you were fingerprinted?.....YES___ NO___**
- HAVE YOU EVER BEEN ARRESTED FOR ANY OF THE FOLLOWING OFFENSES IN THIS STATE OR SIMILAR OFFENSES IN ANOTHER JURISDICTION?**

a Second-degree murder	YES___ NO___	k Taking a child for the purpose of prostitution as prescribed in section 13-3206	YES___ NO___	r Any offense causing you to register as a sex offender	YES___ NO___
b Aggravated assault resulting in serious physical injury or involving the discharge, use or threatening exhibition of a deadly weapon or dangerous instrument against a minor under fifteen years of age	YES___ NO___	l Child prostitution as prescribed in section 13-3212	YES___ NO___	s First-degree murder	YES___ NO___
c Sexual assault	YES___ NO___	m Involving or using minors in drug offenses	YES___ NO___	t Armed Robbery	YES___ NO___
d Molestation of a child	YES___ NO___	n Continuous sexual abuse of a child	YES___ NO___	u Incest	YES___ NO___
e Sexual conduct with a minor	YES___ NO___	o Attempted first-degree murder	YES___ NO___	v Exploitation of minors involving drug offenses	YES___ NO___
f Commercial sexual exploitation of a minor	YES___ NO___	p Any other dangerous crime against children as defined in section 13-604.01	YES___ NO___	w Sexual abuse of a vulnerable adult	YES___ NO___
g Sexual exploitation of a minor	YES___ NO___	q Any of the above listed offenses if committed as a preparatory offense as described in section 13-1001	YES___ NO___	x Sexual exploitation of a vulnerable adult	YES___ NO___
h Child abuse	YES___ NO___			y Commercial sexual exploitation of a vulnerable adult	YES___ NO___
i Kidnapping	YES___ NO___			z Abuse of a vulnerable adult	YES___ NO___
j Sexual abuse of a minor	YES___ NO___			aa Molestation of a vulnerable adult	YES___ NO___
				bb Neglect of a vulnerable adult	YES___ NO___

I understand that pursuant to ARS § 15-534, any person who makes a false statement, representation or certification in any application for certification is guilty of a misdemeanor offense. I swear or affirm that the foregoing information completed by me, or submitted by me for certification purposes is, to the best of my knowledge, true and correct. Furthermore, should any part or all of the information herein provided prove to be false, I recognize that it shall be just cause for revocation, suspension, or other disciplinary action against any certificate issued to me by the Arizona Department of Education.

Date _____ Applicant's Signature _____

RENEWAL PROCEDURES:

- Basic, Standard and Temporary Certificates may be renewed upon completion of 180 clock hours of professional development activities or 12 semester hours of education coursework posted on official transcripts or a combination of the two, completed during the valid period of the certificate.
- For renewal of the Standard Adult Education Certificate and Athletic Coaching Certificate, completion of 60 clock hours in a professional development program is required. The Athletic Coaching Certificate renewal also requires, in addition to the 60 clock hours requirement, a valid certification in first aid and CPR.
- A certificate may be renewed within one year after it expires if the individual is not employed under the certificate. Those who hold certificates that have expired for more than one year must reapply for certification under the requirements in effect at the time of reapplication.

PROFESSIONAL DEVELOPMENT REQUIREMENTS:

The Arizona Department of Education recognizes a variety of professional development activities that are defined as training to increase skills related to the occupation of education. Renewal of certificates requires completion of a professional development program after the most recent issuance or renewal of the certificate and during the valid period of the certificate to be renewed.

ONE OR MORE OF THE FOLLOWING ACTIVITIES MAY BE USED TO SATISFY PROFESSIONAL DEVELOPMENT REQUIREMENTS:

PROFESSIONAL DEVELOPMENT ACTIVITIES	DOCUMENTATION REQUIRED
Academic courses related to education or a subject area taught in Arizona public schools.	Official transcripts from an accredited institution. Each semester hour of courses is equivalent to 15 hours of professional development.
District or school-sponsored in-service training specifically designed for professional development.	Written verification from the sponsoring district or school stating the dates of participation and number of clock hours earned.
Professional (education-related) conferences and workshops.	Conference agenda and a statement or certificate from the sponsoring organization noting clock hours earned in training sessions. Limited to 30 clock hours per year.
Business internship. Internship shall be based on an agreement between a business and a district or school with the stated objective of aligning teaching curriculum with workplace skills.	Written verification by the sponsoring business and district or school stating the dates of participation and number of clock hours earned. Limited to 80 clock hours.
Educational research. Research shall be sponsored by a research facility or an accredited institution or funded by a grant.	The published report of the research or verification by the sponsoring agency and a statement of the dates of participation and the number of clock hours earned.
Serving in a leadership role of a professional organization.	Written verification by the governing body of the professional organization of the dates of service and clock hours earned. Limited to 30 clock hours per year.
Serving on a visitation team for a school accreditation agency.	Written verification from the accreditation agency of the dates of service and clock hours earned. Limited to 60 hours per year.
Completion of the process for certification by the National Board of Professional Teaching Standards.	Written verification from the National Board of Professional Teaching Standards and a statement from the employing district or school verifying the dates and clock hours earned during the certification process.

I would like to renew the following certificate(s): _____

PROFESSIONAL DEVELOPMENT PROGRAM VERIFICATION

I verify this applicant has completed _____ clock hours of professional development activities as defined on this form.
VERIFIED BY:

Signature of Superintendent/Personnel Officer Title Name of School or District Date

ACADEMIC COURSES

I verify completion of _____ semester hours of education or subject area courses taken from an accredited institution during the valid period of my certificate.

*PURSUANT TO A.R.S. 15-534.03, EACH EDUCATOR MUST NOTIFY THE DEPARTMENT OF EDUCATION OF ANY CHANGE OF ADDRESS WITHIN THIRTY DAYS. CHANGE OF ADDRESS FORMS ARE AVAILABLE ON OUR WEBSITE.

ALL DOCUMENTATION, INCLUDING TRANSCRIPTS, BECOMES THE PROPERTY OF THE ARIZONA DEPARTMENT OF EDUCATION AND WILL NOT BE RETURNED. REQUIREMENTS MAY BE SUBJECT TO CHANGE AND ARE FULLY REFERENCED IN THE ARIZONA REVISED STATUTES AND ADMINISTRATIVE CODE.